MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

02039

Reg. Dist. No. 204

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Chestertown R.D.Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) No ne

Stay in this community (yrs., or mos., or days) All life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chestertown R.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME John T. Bailey

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Unknown

6(c) If alive, give age Unkonwn years

7. Birth date of deceased (mo., day, yr.) Aug. 16. 1869

8. AGE: Years 70 | Months 6 | Days | If less than one day hrs. min.

9. Birthplace Keny Co, Md
(Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business Framing

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Mrs Lewis Porter

Address Chestertown R.D.Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 17 /40 (month) (day) (year)

Cemetery or crematory Kent Co Alms House

Location Nr. Chestertown

18. Funeral director Marvin K. Williams

Address Chestertown Maryland.

19. Feb 17 19 40 (Date rec'd by registrar) Alice K. Spicer Registrar

Mar 2. 1940 Frank M. Smith.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16. 140. Between 11 A.M. and # PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw it alive on 19

Did not attend him investigated case and signed certificate of deahh as Deputy Med. Exam. Kent Co

Immediate cause of death	DURATION
Myocarditis	some time.
Due to ARTERIO Sclerosis	Long time
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings Ot operations None

Ot autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide No Date of

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury none Injured at work?

23. SIGNATURE Frank Hruska M.D.
Deputy Med. Exam. Kent Co. Md. M. D. or other

Address Chestertown Md Date signed 2/16.40

RECEIVED
MAR 5 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131 6)

02040

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County KENT

City or town Broad neck Near Chestertown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Kent

City or town Broad neck Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NO

3. (a) FULL NAME Louis Bowser.

3. (b) Social Security Number NONE

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Bek	Had been Married

6 (b) Name of husband or wife Unknown

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 70 | Months | Days | If less than one day hrs. min.

9. Birthplace Kent County Maryland
(Town, county, and state)

10. Usual occupation —

11. Industry or business Farm Hand

FATHER
12. Name Robert Bowser
13. Birthplace Maryland

MOTHER
14. Maiden name Becky Chase
15. Birthplace Maryland

16. Informant Issac Bowser

Address Broad neck, near, Chestertown

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 23 1940 (month) (day) (year)

Cemetery or crematory Hadaway Chapel Cemetery

Location Broad neck near Chestertown

18. Funeral director Ralph H. Aisiltin Inc by J. Willis Wells

Address Chestertown, Md

19. Feb 23 1940 (Date rec'd by registrar) Alice F. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1940, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1936 1939, to Feb. 12 1940, and that I last saw him alive on Feb. 12 1940.

Immediate cause of death	DURATION
Cardio-Renal	1936
Due to Endocarditis	1936
Due to Nephritis	1936
Other conditions Myocarditis	1939

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank W. Smith M. D. or other

Address Chestertown Date signed Feb 20/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 25 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02041

(8)

1. PLACE OF DEATH

County Kent Registration Dist. No. 202

Village or City Chestertown No. 112 Lynchburg St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Brown If U. S. Veteran, specify WAR ____

(a) Residence: No. / St., Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	Col	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 16, 1940

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	5 months		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Chestertown Md.
(State or country)

FATHER

13. NAME Weldon Author Brown

14. BIRTHPLACE (city or town) Colemanis, Md
(State or country)

MOTHER

15. MAIDEN NAME Geraldine Bruce Lively

16. BIRTHPLACE (city or town) Chestertown, Md
(State or country)

17. INFORMANT Hannah Lively
(Address) Chestertown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Disposed of by Mother Date ____, 19____

19. UNDERTAKER ____
(Address)

20. FILED Feb. 19, 1940 Alice R. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 16 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Feb 16, 1940, to Feb 16, 1940

I last saw h~~e~~ alive on Feb. 16, 1940; daath is said to have occurrad on the date stated above, at ____ m.

Tha PRINCIPAL CAUSE OF DEATH and related causas of importence wera as follows: Stillborn — Date of onset ____

Other Contributory Causes of Importance: If any, unknown

Name of operation ____ Date of ____

What test confirmad diagnosis? ____ Wes thare an eu'opsy? ____

23. If daath was due to axtarnal causas (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Whera did injury occur? ____
(Specify city or town, county and State)

Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of decaased? ____

If so, specify ____

(Signed) Dr. Jno. Richmond M. D.

(Address) Chestertown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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MAR 5 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33-a)

CERTIFICATE OF DEATH

02042

Reg. Dist. No. 2d 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Rock Hall

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rock Hall

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 90 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Kent

City or town Rock Hall Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME John Wesley Coleman

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Widowed

6 (b) Name of ~~husband~~ or wife Mary Katherine

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10th 1850

8. AGE: Years	Months	Days	If less than one day
89	5 mo	28	— hrs. — min.

9. Birthplace Rock Hall, Kent, Md.

(Town, county, and state)

10. Usual occupation retired

11. Industry or business

FATHER 12. Name William W. Coleman

13. Birthplace Kent County

MOTHER 14. Maiden name Martha Hynson

15. Birthplace Kent County

16. Informant George Nelson Coleman

Address Rock Hall, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/13/40 (month) (day) (year)

Cemetery or crematory Wesley Chapel

Location Rock Hall, Md.

18. Funeral director Marvel V. Wilson

Address Chestertown, Md.

19. Feb 13 1940 (Date rec'd by registrar) Mrs. T. B. Dunning Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1940, at 7 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 6 1940, to Feb 11 1940, and that I last saw him alive on Feb 11 1940.

Immediate cause of death	Influenza	DURATION
Due to	Bronchopneumonia	
Due to	Influenza	
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. C. Thomas M.D.

M. D. or other

Address Rock Hall, Md. Date signed Feb 11, 1940

RECEIVED
MAR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (94-a)

02043

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH:
County: Kent
City or town: Rock Hall
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Grays Inn
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Kent
City or town: Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3.(a) FULL NAME: Samuel Barton Collyer
3.(b) Social Security Number: NONE

4. Sex: M.
5. Color or race: Wh.
6.(a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Elizabeth Collyer
6(c) If alive, give age: 70 years
7. Birth date of deceased (mo., day, yr.): May 15 1867
8. AGE: Years 72 Months 8 Days 27 If less than one day ___ hrs. ___ min.
9. Birthplace: Rock Hall (Town, county, and state)
10. Usual occupation: Watermen
11. Industry or business
FATHER 12. Name: John N. Collyer
13. Birthplace: Queen Ann's Co, Md
MOTHER 14. Maiden name: Mary Ellen Collins
15. Birthplace: Pa.
16. Informant: Wife
Address: Rock Hall, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 13 1940 (month) (day) (year)
Cemetery or crematory: Wesley Chapel Cem.
Location: Near Rock Hall, Md
18. Funeral director: Ralph H. Quilton, Inc
Address: cy. J. Willis Wells Chestertown Md
19. Feb. 12 1940 (Date rec'd by registrar) Mrs. T. B. Dowding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 11 1940, at 6:00 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 28 1940, to Feb 11 1940, and that I last saw h in alive on Feb 11 1940.
Immediate cause of death: Coronary thrombosis
Due to: arteriosclerosis
Due to
Other conditions: Hypertension
(Include pregnancy within 8 months of death)
Major findings:
Of operations: —
—
Of autopsy: —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE: Albert C. Burgard M. D. or other
Address: Rock Hall Date signed 2/11/40.

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 2 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

02044

Reg. Dist. No. 201

1. PLACE OF DEATH:

County Kent

City or town Coleman's Corner
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Worton RR Md

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Worton RR Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Issiac E. Holley.

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband ~~or wife~~ Sarah Gilbert

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Jan. 23. 1861

8. AGE: Years 79 Months 1 Days 0 If less than one day ___ hrs. ___ min.

9. Birthplace Coleman's Corner Worton RR Md
(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden name
15. Birthplace Unknown

16. Informant Ramir Walley

Address Worton RR Md

17. Colemans (Burial, ~~cremation, or removal.~~ Which?) Date thereof Feb 25/40 (month) (day) (year)

Cemetery or crematory Colemans

Location Colemans near Betterton

18. Funeral director B R Fellows

Address Still Pond Md

19. Feb 24 1940 (Date rec'd by registrar) J William Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1940, at 5.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 19th 1940, to Feb. 17 1940, and that I last saw him alive on Feb. 17. 1940.

Immediate cause of death: Arteriosclerosis

DURATION: 2 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank W Smith M. D. or other

Address Chestertown Date signed Feb 23/40

Patient of Dr. H. G. Snapes. Indisposed

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-d)

02045

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
County Kent
City or town Worton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) None
Stay in this community (yrs., or mos., or days) all life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Worton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR no

3. (a) FULL NAME Purnell Thomas Jones

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife Arbella Moore Jones
6(c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Oct. 23 1855

8. AGE: Years 84 Months 4 Days 2 If less than one day ___ hrs. ___ min.

9. Birthplace Kent County Maryland (Town, county, and state)
10. Usual occupation retired Farmer
11. Industry or business Farming

FATHER
12. Name Octavis Jones
13. Birthplace Unknown

MOTHER
14. Maiden name Comfort Ann Williams
15. Birthplace Unknown.

16. Informant Mr Purnell Jones
Address Worton Kent Co. Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 28, 1940 (month) (day) (year)
Cemetery or crematory Still Pond.
Location Still Pond.

18. Funeral director Marvin V. Williams
Address Chestertown Maryland.

19. Feb 28, 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1940, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1938 1940 to Feb 25 1940, and that I last saw him alive on Feb. 20 1940.

Immediate cause of death Myocarditis Acute dilatation

Due to Arterio Sclerosis

Due to Chronic myocarditis C.V.S.R. Duration three or four years.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide No Date of
Where did injury occur? None (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank Hines M.D. M. D. or other
Address Chestertown Md Date signed Feb 25 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-d

CERTIFICATE OF DEATH

02046

Reg. Dist. No. 353

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Rock Hall
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Denbeigh

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Kent

City or town Rock Hall R.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Denbeigh
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Daniel Howard Middleton

3. (b) Social Security Number 216-05-6900

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Wh.	Married

6 (b) Name of husband or wife Gertrude Middleton

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8 1874

8. AGE:

Years	Months	Days	If less than one day
65	10	24	hrs. min.

9. Birthplace Fairlee, Md
(Town, county, and state)

10. Usual occupation laborer

11. Industry or business

FATHER 12. Name James William Middleton

13. Birthplace Fairlee, Md

MOTHER 14. Maiden name Temperance Howard

15. Birthplace Fairlee

16. Informant Wife

Address Rock Hall

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 3 1940 (month) (day) (year)

Cemetery or crematory Wesley Chapel

Location Near Rock Hall Md

18. Funeral director Wm. H. Good

Address Church Hill Md.

19. Feb. 2 1940 (Date rec'd by registrar) Mrs. I. B. Dowding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1940, at 10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 23 1939, to Feb 1 1940, and that I last saw h alive on Jan 27 1940

Immediate cause of death	DURATION
Chron Endo-Myocarditis Decompensation	
Due to Anasarka.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — injured at work? —

23. SIGNATURE Albert A. Burgard M.D
M. D. or other

Address Rock Hall Date signed 2-12-40

RECEIVED
MAR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-a)

CERTIFICATE OF DEATH

02047

Reg. Dist. No. 201

1. PLACE OF DEATH:

County Kent

City or town Norton Md Rural Colemans.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Norton Md Rural Colemans Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME George Moody

3. (b) Social Security Number

4. Sex Male

5. Color or race C

6. (a) Single, ~~married, widowed~~, or ~~divorced~~ Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1940.

8. AGE: Years — Months — Days 4 If less than one day — hrs. — min.

9. Birthplace Norton Md Rural Colemans
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Elbert Moody
13. Birthplace Colemans

MOTHER
14. Maiden name Rachel Houston
15. Birthplace Colemans Rural Norton Md.

16. Informant George Moody

Address Colemans Rural Norton, Md.

17. Colemans Date thereof Feb 6 1940
(Burial, ~~cremation~~, or ~~removal~~. Which?) (month) (day) (year)

Cemetery or ~~crematory~~ Colemans Md.

Location Colemans.

18. Funeral director B. R. Fellows.

Address Still Pond Md.

19. Feb 6 1940 J. W. Clark
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 2nd 1940, to Feb 5 1940, and that I last saw him alive on Feb 5th 1940.

Immediate cause of death ~~Encephalitis~~ Congenital hydrocephalus. a.w.g.R.

~~Due to~~ Since Birth.

The child was born with this condition — enlarged head or water on the brain.

~~Due to~~ It was not due to any injury at birth.

Other conditions none.

(Include pregnancy within 3 months of death)

Major findings: —

Of operations —

Of autopsy —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE L. P. Atwell
M. D. or other

Address Still Pond Date signed 2-6-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 4 1940
BUREAU V. S.

62048

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:
County Kent Co. Md.
City or town Galena
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph F. Newcomb

3. (b) Social Security Number 70

4. Sex M
5. Color or race W.
6. (a) Single, married, widowed, or divorced Married
8 (b) Name of husband or wife Ida P Newcomb
6(c) If alive, give age 77 years
7. Birth date of deceased (mo., day, yr.) July 23rd 1853
8. AGE: Years 86 Months 6 Days 11 If less than one day hrs. min.
9. Birthplace Kent Co. Md. (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Thomas Newcomb
13. Birthplace Unknown
MOTHER 14. Maiden name Elizabeth Wilmer
15. Birthplace Unknown
16. Informant George M. Newcomb
Address Galena Md.
17. Burrial (Burial, cremation, or removal. Which?) Date thereof Feb. 14/1940 (month) (day) (year)
Cemetery or crematory Chestertown,
Location
18. Funeral director John F. Cappage
Address Cecilton, Md.
19. ~~40~~ Feb. 13 1940 (Date rec'd by registrar) Ella Lee Jones Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1940, at 4 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 10 1940, to Feb 12 1940, and that I last saw him alive on Feb 12 1940.
Immediate cause of death Myocarditis Chronic
DURATION 3 yrs
Due to
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. K. Crum M. D. M. D. or other
Address Galena, Md. Date signed 2/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

02049

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County Kent.

City or town Galts

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Galts. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Leon C. Ridgeway

3. (b) Social Security Number None

4. Sex male

5. Color or race col

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7 1939

8. AGE: Years | Months 6 | Days 29 | If less than one day hrs. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Frederick Ridgeway

13. Birthplace Delaware

MOTHER 14. Maiden name Mary Brown

15. Birthplace Maryland

16. Informant Rebecca Frisby

Address Galts

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/8/40 (month) (day) (year)

Cemetery or crematory Westley Henry

Location Mary Gofe md.

18. Funeral director J. Lester Daniels

Address Townsend Del.

19. Feb. 7 1940 (Date rec'd by registrar) Merritt Brice Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1940, at 1 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 4 1940, to Feb 4 1940 and that I last saw him alive on Feb 4 1940

Immediate cause of death Lobar Pneumonia Exhaustion

DURATION History 3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. P. Strong M.D. M. D. or other

Address Millington, Md Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-C)

02050

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Kent
City or town Smithville near Worton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insf. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Worton R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hyland Pennington Smith jr.

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Annie O. Smith

6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Aug. 19 1860

8. AGE: Years 79 Months 6 Days 10 If less than one day ____ hrs. ____ min.

9. Birthplace Smithville Md. Worton Kent Co. Md.
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business Farm

FATHER
12. Name Hyland P. Smith
13. Birthplace unknown

MOTHER
14. Maiden name Emily Thomas
15. Birthplace Delaware

18. Informant Mrs Annie O. Smith
Address Worton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March. 3 1940 (month) (day) (year)
Cemetery or crematory Chester
Location Chestertown, Maryland

18. Funeral director Marvin C. Williams
Address Chestertown Maryland

19. March 2 1940 (Date rec'd by registrar) H.O. Alice C. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 29 1940, at 11:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1935, to Feb 29 1940, and that I last saw h-er alive on Feb. 29 1940.

	DURATION
Immediate cause of death Coronary Thrombosis	10 min.
Due to Arteriosclerosis	1931
Due to Hypertension Chronic	1936
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank W Smith M. D. or other
Address Chestertown Date signed March 40

RECEIVED
MAR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92nd)

02051

CERTIFICATE OF DEATH

Reg. Diat. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Kent
City or town: Rock Hall
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Green Lane
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Green Lane
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John T. Stevens

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Emma A. Stevens

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 6 1855

8. AGE:

Years	Months	Days	If less than one day
84	10	14	hrs. min.

9. Birthplace: Rock Hall, Md
(Town, county, and state)

10. Usual occupation: waterman

11. Industry or business

FATHER
12. Name: John B. Stevens
13. Birthplace: Maryland

MOTHER
14. Maiden name: Susan Welch
15. Birthplace: Maryland

16. Informant: daughter Emma Stevens
Address: Rock Hall

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 22 1940 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Wesley Chapel near Rock Hall

18. Funeral director: Wm. H. Gordy
Address: Church Hall

19. Feb. 21 1940 (Date rec'd by registrar) Mrs. T. B. Dunning Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 20 1940, at 8:05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 6 1939, to Feb 20 1940, and that I last saw h— alive on Feb 19 1940.

Immediate cause of death	DURATION
Chronic Endo-Myocarditis	
Decompensation	
Due to Bronchitis	
Due to	
Other conditions Hypostatic Pneumonia	
Hypertension	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE Albert G. Burgard M. D. or Other
Address: Rock Hall, Md Date signed 4/20/40

RECEIVED
MAR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

02052

Reg. Dist. No. 202

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County KENT

City or town CHESTERTOWN (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 424 CALVERT ST.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 YEARS

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State MARYLAND County KENT

City or town CHESTERTOWN Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 424 CALVERT ST. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME LOUISE MARIA THOMPSON

3. (b) Social Security Number no.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	COLORED	MARRIED

6 (b) Name of husband or wife THOMAS THOMPSON

6(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) MARCH 25, 1889

8. AGE: Years	Months	Days	If less than one day
50	10	17	hrs. min.

9. Birthplace CHESTERTOWN, KENT, MARYLAND (Town, county, and state)

10. Usual occupation DOMESTIC

11. Industry or business DOMESTIC

FATHER 12. Name HORACE B. JOHNSON

FATHER 13. Birthplace ANNE ARUNDEL COUNTY

MOTHER 14. Maiden name ANNA LOUISA BLAKE

MOTHER 15. Birthplace CHESTERTOWN, MD.

16. Informant MILBURN TILGHMAN

Address CHESTERTOWN, MD.

17. BURIAL Date thereof 2-13-40 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CHESTERTOWN - POMONA

Location CHESTERTOWN R.R.

18. Funeral director LEWIS A. HENRY

Address CAMBRIDGE, MD.

19. Feb. 11 1940 (Date rec'd by registrar) Alice C. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1940, et M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 11 1940, to Feb 11 1940

and that I last saw h[illegible] alive on Feb 11 1940

Immediate cause of death	DURATION
Cerebral hemorrhage	6 hours
Due to	
Due to	
Other conditions hypertension	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Wm. Richmond M. D. or other

Address Chestertown Date signed 2/11/40

RECEIVED
MAR 5 1949
BUREAU V. S.

Same Phys

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(107)

02053

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County: Kent Co.

City or town: Millington
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME: Jean E. Voshell

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Single Baby

6 (b) Name of husband or wife _____

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.): July 29 - 1939

8. AGE: Years | Months: 6 | Days: 16 | If less than one day _____ hrs. _____ min.

9. Birthplace: Near Warwick
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Herman W. Voshell
13. Birthplace: Millington Md.

MOTHER
14. Maiden name: Josephine S. Davis
15. Birthplace: Sassfras

16. Informant: Herman W. Voshell
Address: Millington Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 2 (month) 17 (day) 40 (year)

Cemetery or crematory: Forest Cemetery

Location: Middletown Del.

18. Funeral director: B. R. Fellows
Address: Millington Md.

19. 2/17 1940
(Date rec'd by registrar)
Deputy Registrar: W. Vier

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 14. 1940, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10th 1940, to Feb 14th 1940, and that I last saw her alive on Feb 14th 1940.

Immediate cause of death: Bronchial Pneumonia

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE: G. L. Copeland
M. D. or other

Address: Millington Date signed Feb 17th 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (63-P)

CERTIFICATE OF DEATH

02054

Reg. Dist. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Piney Neck

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Piney Neck
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Josephine Hard

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem.	Wh.	Married

6 (b) Name of husband or wife: Leonard Hard

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 20 1887

8. AGE:

Years	Months	Days	If less than one day
52	9	18	hrs. min.

9. Birthplace: Eureka, Wisconsin
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: —

FATHER
12. Name: Alfred Applegate
13. Birthplace: Pleasantville, N.J.

MOTHER
14. Maiden name: Nancy DuChane
15. Birthplace: Wisconsin

16. Informant: Sister
Address: Baltimore

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 9 1940 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: St Johns. R.C.C. - Rock Hall Md

18. Funeral director: Wm H Gord

Address: Church Hill. Md

19. Feb. 8 1940 (Date rec'd by registrar) Mrs. T. B. Dunding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 7 TH 1940, at 2.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7 1939, to Feb 7 1940, and that I last saw her alive on Feb 6 1940.

Immediate cause of death	DURATION
Cardiac Decompensation	
Due to Toxic Goitre	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE: Albert G. Burgard M. D. or other

Address: Rock Hall, Md Date signed 2/8/40.

RECEIVED
MAR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02055

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Chestertown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Kent Circle

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chestertown Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Kent Circle
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME William Archer Wheatley

3. (b) Social Security Number 212-14-4743

4. Sex	5. Color or race	6. (a) ~~Single, married~~, widowed, ~~or divorced~~
Male	White	Widower

6 (b) Name of husband or wife Josephine Rachel Wheatley

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2-14-1855

8. AGE:

Years	Months	Days	If less than one day
84	11	25	— hrs. — min.

9. Birthplace Kent County
(Town, county, and state)

10. Usual occupation Clerk - Accountant

11. Industry or business

FATHER
12. Name Arthur B. Wheatley
13. Birthplace Kent County

MOTHER
14. Maiden name Mary Ann Ayres
15. Birthplace Kent County

16. Informant Son - Charles F. Wheatley
Address Chestertown, Md

17. Burial Date thereof 2-11-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chester - Chestertown Md

Location Chestertown Md

18. Funeral director Ralph H. Clarke Inc.
By J. Willis Wells.
Address Chestertown, Maryland

19. Feb 10, 1940 [illegible] C. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9, 1940, at 5:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1, 1940, to Feb. 9, 1940, and that I last saw him alive on Feb. 8, 1940.

Immediate cause of death	DURATION
Lobar Pneumonia	5 days
Due to Influenza	12 days.
Due to Exposure	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

20 operations —

20 autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE Harry L. Dodd, M.D.
M. D. or other

Address Chestertown, Md. Date signed Feb 10, 1940

RECEIVED
MAR 5 1940
BUREAU V. S.